

WASHINGTON
UTILITIES AND TRANSPORTATION
COMMISSION

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COMMON CARRIER OF PROPERTY
(Including Household Goods Carriers and Broker)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

Fee: WAC 480-14-240

FEE: \$50.00

For Official Use Only	Received Date: 1/25/14	ID: 7417D
111-0268-200-Q2	Payment ID:	Docket IV: 14512
Receipt ID:		Insurance:

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Carrier changes registered name, with no change in ownership or business structure.
- The carrier changes its business structure:
 - From an individual to a corporation or limited liability company (LLC), when the individual is the majority stockholder.
 - From an individual to a partnership, when the individual is the majority partner.
 - From a corporation or LLC to a sole proprietorship of the majority shareholder.
 - From a partnership to a sole proprietorship of the majority partner.
- Carrier changes from partnership to a corporation or LLC when the partners are the majority stockholders in the same proportionate ownership.
- Carrier changes from a corporation or LLC to another corporation or LLC where both corporations or LLCs are wholly owned by the same stockholders in the same proportions.

Holder of Permit PR86 asks the UTC for authority to change the name of its business or the business structure of the carrier named below under RCW 81.80 and WAC 480-14-10:

New Business Information

New Legal Name: KLHLLC Phone: 208 255 6369
 Trade Name: _____ Fax #: 208 263-3540
 Mailing Address: 2195 Westmond Rd (if different):
 Street/PO Box: _____ Street: 2195 Westmond Rd.
 City, State Zip: SABEE, ID 83864 City, State, Zip: SABEE, ID 83864
 Unified Business Identifier (UBI): 0
 Email address: kluc@66.com @ ylfkta.kay500 number: 359 706

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. IL

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>RC Powers</u>	<u>CEO</u>	<u>2195 Westwood Rd</u>	<u>48.98</u>
<u>Kym Powers</u>	<u>Sec</u>	<u>11</u>	<u>48.98</u>
<u>Linda Peters</u>		<u>1210 Park Ridge Rd.</u>	<u>2.04</u>

Current Business Information

Current Legal Name: Powers, Randy Phone: 208 25

Trade Name: R Fax #: _____

Mailing Address: 2195 Westwood Rd Physical address: (if different): _____

Street/PO Box: _____ Street: _____

City, State Zip: SAKE, IL 63860 City, State, Zip: _____

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES

Certification: I, the undersigned, affirm that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission transfer CC# 728 (as provided in RCW 81.80).

I, the undersigned, under penalty for false statement, certify that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Signature: RC Powers Date: June

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Wilshire Insurance Company
(Name of Company)
(herein after called Company) of 702 Oberlin Road ,Raleigh ,NC ,27605
(Home Address of Company)

has issued to KLH LLC of 2195 WESTMOND ROAD ,SAGLE ,ID ,83860
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 07/25/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 1206 W. Avenue J
Suite 100
Lancaster (Address) CA 93534 This 25th day of Jul 20 14
(Day) (Month) (Year)

Insurance Company File No. BA2494999
(Policy No)

Aleandra Alvarez
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :750,000.00